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CONFIRMATION NO. 3630

Bib Data Sheet

SERIAL NUMBER 09/746,712	FILING DATE 12/21/2000 RULE	CLASS 427	GROUP ART UNIT 1762	ATTORNEY DOCKET NO. CMI-397
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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/359,235 07/22/1999
 WHICH IS A CIP OF 09/232,922 01/19/1999 ABN
 WHICH IS A CIP OF 09/605,804 06/28/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 01/24/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Antibiotic treated implantable medical devices

FILING FEE RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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